DOCUMENT RESUME

ED 322 705 EC 231 899

TITLE	Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting.
INSTITUTION	American Federation of Teachers, Washington, D.C.; Council for Exceptional Children, Reston, Va.; National Association of School Nurses, Inc., Scarborough, ME ; National Education Association, Washington, D.C.
REPORT NO	ISBN-0-86586-194-3
PUB DATE	1 May 90
NOTE	27p.
AVAILABLE FROM	Council for Exceptional Children, Publication Sales, 1920 Association Dr., Reston, VA 22091-1589 ($5.00, Stock No. R632).
PUB TYPE	Guides - Non-Classroom Use (055) -- Viewpoints (120)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Delivery Systems; Elementary Secondary Education; *Health Services; School Responsibility; *Special Health Problems; *Staff Role; *Standards, Teacher Responsibility; Teacher Role

ABSTRACT

These guidelines were developed by a joint task force of members and staff of four national associations, to be of assistance to persons concerned with the safe delivery of specialized health care in educational settings. The guidelines delineate the roles and responsibilities of personnel involved in the provision of specialized health care. They focus on commonly acceptable practice within the various involved professions and on appropriate actions to protect the safety of the students and minimize risks to schools and their employees. Following an overview of issues, a matrix of professional responsibilities for the delivery of special health care procedures is presented. The matrix lists 66 procedures, and delineates: the persons who are qualified to perform each of the procedures, the persons who should preferably perform the procedures, and the circumstances under which these persons would be deemed qualified. Personnel include registered nurse, licensed practical nurse, certified teaching personnel, related services personnel, and paraprofessionals. Procedures cover activities of daily living, catheterization, medical support systems, medications, respiratory assistance, ostomies, screenings, specimen collecting/testing, and development of protocols. A glossary and 42 references conclude the guidelines. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED322705

Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting

Developed by

The Joint Task Force for the Management of Children with Special Health Needs of the:

American Federation of Teachers (AFT)

The Council for Exceptional Children (CEC)

National Association of School Nurses, Inc. (NASN)

National Education Association (NEA)

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Jopika Greer

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

May 1, 1990

EC 231899

BEST COPY AVAILABLE

Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting

Developed by

The Joint Task Force for the Management of
Children with Special Health Needs of the:

American Federation of Teachers (AFT)

The Council for Exceptional Children (CEC)

National Association of School Nurses, Inc. (NASN)

National Education Association (NEA)

May 1, 1990

This is a joint product of the American Federation of Teachers, The Council for Exceptional Children, the National Association of School Nurses, Inc., and the National Education Association.

Order from:

The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091-1589

Stock No. R632 Price $5.00

Printed in the United States of America
10 9 8 7 6 5 4 3 2 1

Members of the Joint Task Force for the Management of Children with Special Health Needs

Nancy Bond (CEC)
Special Educator for Children with Complex Medical Needs

Beverly Farquahar (NASN)
Executive Director

Paul Hentz (NEA)
Diagnostician

Doris Luckenbill (NASN)
School Nurse Practitioner

Michelle Prumo (NASN)
Specialist for Health Services

Patti Ralabate (NEA)
Speech-Language Pathologist

John Santelli (Maryland Chapter of the American Academy of Pediatrics)
Pediatrician

Janeen Taylor (CEC)
Teacher Educator

Carolyn Trice (AFT)
Associate Director, Educational Issues Department

Frederick Weintraub (CEC)
Assistant Executive Director for Communication

Preface

The following guidelines were developed by a joint task force of members and staff of four national associations. The associations, in various ways, have endorsed the guidelines in the hope that they will be of assistance to persons in the field concerned about the safe delivery of specialized health care in educational settings.

The guidelines were 2 years in development. The associations wish to thank the task force members for their expertise and time that they contributed to this product, as well as the many people who reviewed and commented on the various drafts of this document.

The guidelines delineate the roles and responsibilities of various personnel involved in the provision of specialized health care, from the perspective of professional practice. The task force focused on what was commonly acceptable practice within the various involved professions and what they felt was appropriate to protect the safety of the students and minimize risks to schools and their employees. We wish to note that professional associations representing the various related services professions did not have an opportunity to officially participate or review this document.

Finally, we recognize that as medical practice and technology change, as a wider array of professionals and other personnel becomes more knowledgeable, and as the conditions necessary for providing specialized health care service improve, the guidelines will also require revision. In this regard, we welcome guidance from the field.

American Federation of Teachers (AFT)
The Council for Exceptional Children (CEC)
National Association of School Nurses, Inc. (NASN)
National Education Association (NEA)

Purpose

The purpose of this document is to assist health and education professionals in the management of children with special health needs in the educational setting by establishing a standard of practice that delineates roles and responsibilities for the safe delivery of specialized health care in the educational setting.

This document was developed based on the following principles:

- Every student is entitled to a free, appropriate public education in the least restrictive environment.
- The family is the constant in the child's life and should be an integral part of decision making regarding the provision of health care in school.
- The provision of special health care procedures should promote developmentally appropriate student independence.
- A multidisciplinary meeting that includes the family, and student where appropriate, should be conducted for every child with special health care needs for the purposes of reviewing the special health needs and the delineation of roles for services delivery.
- Every child who has a special health care need requiring nursing care, intervention, or supervision should have a nursing care plan written by a nurse.
- To the degree possible, the delivery of any health care procedures should not significantly disrupt or have a negative impact on the educational process of the individual student.
- To the degree possible, the delivery of any health care procedure should not significantly disrupt or have a negative impact on the educational process of other students.
- Personnel who are responsible for the education and care of children with specialized health care needs should receive training from persons who are qualified to provide such training and certified or licensed to perform the procedure being taught.
- Specialized health care procedures should be performed by qualified personnel who have received child-specific training as defined by the child's principal health care providers and the child's family.
- Appropriate resources and environmental conditions should be available to the personnel who are providing school health procedures before the child's placement in the classroom.

Overview of Issues Related to Children with Special Health Care Needs in Educational Settings

In recent years, advances in health care technology and procedures have increased survival rates for low-birth-weight infants, children with chronic illness, children with congenital anomalities, and survivors of trauma (Gittler & Colton, 1987). Higher survival rates have led to increases in the number of children with temporary or long-term health care needs, including technology assistance (U.S. Congress, Office of Technology Assessment, 1987).

Before the 1980s, children with long-term special health care needs were cared for in hospitals. Federal and state policies of deinstitutionalization, cost considerations, and pressure from advocacy groups paved the way for increased use of home health care for children with chronic health problems (Foundation for Hospice and Homecare, 1987). Ireys (1988) has reported that estimates of the number of children with disabilities and chronic illness vary between 1% and 20% of the pediatric population. Specialists in the U.S. Congress' Office of Technology Assessment (1987) estimate that 47,000 or more children require technology assistance each year. Child advocates support normalization of developmental outcomes for children with special health care needs, including school attendance in the least restrictive environment (Halamandaris, 1985). Children with chronic health impairments are entering school systems in unprecedented numbers and have presented unique challenges and opportunities for educational policymakers (Walker & Jacobs, 1985).

An ongoing challenge related to pediatric home health care is financing (Cabin, 1985; U.S. Congress, Office of Technology Assessment, 1987). Traditionally, public and private medical insurers covered the cost of hospital care (Munoz et al., 1989), while regulatory practices prohibited reimbursement for health care procedures performed at home. (Beckett, 1985). Due to pressure from advocacy groups, families, and health care providers who felt that children should be home whenever possible (Shelton, Jeppson & Johnson, 1987), medical insurance practices were revised and reimbursement for home health care costs were allowed. Home health care is less expensive than hospital care, but still costly (Trost, 1988). Costs for health care of children with special health care needs (e.g., children with technology dependence) have been especially high (Trost, 1988). Questions have arisen regarding responsibility for health care costs incurred during school attendance.

> Public schools, pressed for funds, may often be reluctant to pay for additional full-time nurses and special transportation vehicles, and to assume legal liability for medical care during school hours. At the same time, private insurers--and Medicaid--will seek to minimize their costs of serving technology-dependent children at home by shifting financial responsibility to the schools. (U.S. Congress, Office of Technology Assessment, 1987)

There have also been challenges related to assignment of roles and responsibilities for carrying out special health care procedures (Committee on School Health, American

Academy of Pediatrics, 1987; Johnson, Lubker, & Fowler, 1988; Mulligan-Ault, Guess, Struth, & Thompson, 1988; Palfrey, Singer, Walker, & Butler, 1986). Wood, Walker, and Gardner (1986) conducted a national survey of state health and education agencies to determine the existence of guidelines for select health care procedures in schools: (a) catheterization, (b) seizure management, (c) medication administration, (d) respiratory care, (e) tube feeding, (f) positioning, (g), colostomy/ileostomy care, and (h) "others" (including allergy shots). Only 6 states had written guidelines for all eight procedures, and 26 states had either no written guidelines or guidelines for medication administration only.

As the number of children with special health care needs in schools increases, the need for greater clarity regarding role delineation also increases. Educators, health care providers, program administrators, and others have contacted specialists in their respective professional organizations for guidance. In response to this need, representatives from the National Association of School Nurses (NASN), National Education Association Caucus for Educators of Exceptional Children, (NEA-CEEC), Council for Exceptional Children (CEC), American Academy of Pediatrics (AAP), and the American Federation of Teachers (AFT) convened a task force in 1988 to examine issues and provide recommendations regarding role delineation for those providing special health care needs. This document represents the recommendations of the task force. It is hoped that administrators, health care providers, and educators will find the information in this document useful in planning educational programs for children with special health care needs.

Matrix of Professional Responsibilities for the Delivery of Special Health Care Procedures in Educational Settings

The following matrix lists 66 special health care procedures that some children may need to have provided in educational settings. The procedures vary in the degree to which they require specialized knowledge and skill by persons conducting the procedure. Many are regulated by professional standards of practice. This matrix delineates the persons who are qualified to perform each of the procedures, who should preferably perform the procedures, and the circumstances under which these persons would be deemed qualified. It should be noted that the term qualified assumes that the individual has received appropriate training in the procedures.

GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING *

PROCEDURE	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL[1]	PARA PROFESS-IONALS[2]	OTHERS[3]
1.0 ACTIVITIES OF DAILY LIVING							
1.1 Toileting/Diapering		A	A	A	A	(A)	A
1.2 Bowel/Bladder Training (Toilet Training)		A	A	(A)	A	S	S
1.3 Dental Hygiene		A	A	A	A	S	S
1.4 Oral Hygiene		A	A	(A)	A	S	S
1.5 Lifting/Positioning		A	A	(A)	A	S	S
1.6 Feeding							
1.6.1 Nutrition Assessment		A	X	X	N	X	X
1.6.2 Oral-Motor Assessment		X	X	X	(SP/TH)	X	X
1.6.3 Oral Feeding		A	A	A	A	(S)	S
1.6.4 Naso-Gastric Feeding	*	(A)	(S)	X	X	(S/HA)	X
1.6.5 Monitoring of Naso-Gastric Feeding		A	S	S	S	S	X
1.6.6 Gastrostomy Feeding	*	(A)	(S)	X	X	(S/HA)	X
1.6.7 Monitoring of Gastrostomy Feeding		A	S	S	S	S	X
1.6.8 Jejunostomy Tube Feeding	*	(A)	(S)	X	X	X	X
1.6.9 Total Parenteral Feeding (Intravenous)	*	(A)	(S)	X	X	X	X
1.6.10 Monitoring of Parenteral Feeding		A	S	S	S	S	X

DEFINITION OF SYMBOLS

A Qualified to perform task, not in conflict with professional standards
S Qualified to perform task with RN supervision and inservice education
EM In emergencies, if properly trained, and if designated professional is not available
X Should not perform
N Nutritionist only
TH Occupational or physical therapist only
SP Speech/language Pathologist only
HA Health Aide only
(○) Person who should be designated to perform task

1 Related Services include N, TH, and SP.
2 Paraprofessionals include teacher aides, health aides, uncertified teaching personnel.
3 Others include secretaries, bus drivers, cafeteria workers, custodians.

*** DELINEATION OF RESPONSIBILITIES MUST ADHERE TO EACH STATE NURSE PRACTICE ACT.**

GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING *

PROCEDURE	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL[1]	PARA PROFESS-IONALS[2]	OTHERS[3]
1.6.11 Naso-Gastric Tube Insertion	*	(A)	(S)	X	X	X	X
1.6.12 Naso-Gastric Tube Removal	*	(A)	(S)	EM	EM	EM/HA	X
1.6.13 Gastrostomy Tube Reinsertion	*	(A)	(S)	X	X	X	X
2.0 CATHETERIZATION							
2.1 Clean Intermittent Catheterization	*	(A)	(S)	X	X	S/HA	X
2.2 Sterile Catheterization	*	(A)	(S)	X	X	X	X
2.3 Crede	*	A	S	S	S	(S/HA)	S
2.4 External Catheter	*	(A)	(A)	S	S	(S/HA)	X
2.5 Care of Indwelling Catheter (Not Irrigation)	*	(A)	(S)	S	S	(S/HA)	X
3.0 MEDICAL SUPPORT SYSTEMS							
3.1 Ventricular Peritoneal Shunt							
3.1.1 Pumping	*	(EM)	(EM)	X	X	X	X
3.1.2 Monitoring	*	(A)	S	S	S	S	X
3.2 Mechanical Ventilator							
3.2.1 Monitoring	*	(A)	(S)	EM	EM	S/HA	X
3.2.2 Adjustment of Ventilator	*	X	X	X	X	X	X
3.2.3 Equipment Failure	*	(A)	(S)	EM	EM	EM	EM

DEFINITION OF SYMBOLS

A Qualified to perform task, not in conflict with professional standards
S Qualified to perform task with RN supervision and inservice education
EM In emergencies, if properly trained, and if designated professional is not available
X Should not perform
1 Related Services include N, TH, and SP.
N Nutritionist only
TH Occupational or physical therapist only
SP Speech/language Pathologist only
HA Health Aide only
(○) Person who should be designated to perform task
2 Paraprofessionals include teacher aides, health aides, uncertified teaching personnel.
3 Others include secretaries, bus drivers, cafeteria workers, custodians.

* DELINEATION OF RESPONSIBILITIES MUST ADHERE TO EACH STATE NURSE PRACTICE ACT.

GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING *

PROCEDURE	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL[1]	PARA PROFESS-IONALS[2]	OTHERS[3]
3.3 Oxygen							
3.3.1 Intermittent	*	(A)	(S)	EM	EM	EM	X
3.3.2 Continuous (Monitoring)	*	A	S	S	S	S	S
3.4 Hickman/Broviac/IVAC/IMED	*	(A)	(S)	X	X	X	X
3.5 Peritoneal Dialysis	*	(A)	(S)	X	X	X	X
3.6 Apnea Monitor	*	A	S	S	S	S/HA	X
4.0 MEDICATIONS							
Medications may be given by LPN's and Health Aides only where the Nurse Practice Act of the individual state allows such practice, and under the specific guidelines of that nurse practice act.							
4.1 Oral	*	(A)	(S)	X	X	S/HA	X
4.2 Injection	*	(A)	(S)	X	X	X	X
4.3 Epi-Pen Allergy Kit	*	(A)	(S)	EM	EM	EM	EM
4.4 Inhalation	*	(A)	(S)	EM	EM	EM/HA	EM
4.5 Rectal	*	(A)	(S)	X	X	EM/HA	X
4.6 Bladder Installation	*	(A)	(S)	X	X	X	X
4.7 Eye/Ear Drops	*	(A)	(S)	X	X	S/HA	X

DEFINITION OF SYMBOLS

A Qualified to perform task, not in conflict with professional standards
S Qualified to perform task with RN supervision and inservice education
EM In emergencies, if properly trained, and if designated professional is not available
X Should not perform
N Nutritionist only
TH Occupational or physical therapist only
SP Speech/language Pathologist only
HA Health Aide only
(○) Person who should be designated to perform task

1 Related Services include N, TH, and SP.
2 Paraprofessionals include teacher aides, health aides, uncertified teaching personnel.
3 Others include secretaries, bus drivers, cafeteria workers, custodians.

*** DELINEATION OF RESPONSIBILITIES MUST ADHERE TO EACH STATE NURSE PRACTICE ACT.**

GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING *

PROCEDURE	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL[1]	PARA PROFESS-IONALS[2]	OTHERS[3]
4.8 Topical	*	(A)	(S)	X	X	S/HA	X
4.9 Per Nasogastric Tube	*	(A)	(S)	X	X	S/HA	X
4.10 Per Gastrostomy Tube	*	(A)	(S)	X	X	S/HA	X
4.11 Intravenous	*	(A)	(S)	X	X	X	X
4.12 Spirometer	*	(A)	(S)	X	X	S/HA	X
5.0 OSTOMIES							
5.1 Ostomy Care	*	(A)	(S)	EM	EM	EM	X
5.2 Ostomy Irrigation	*	(A)	(S)	X	X	X	X
6.0 RESPIRATORY ASSISTANCE							
6.1 Postural Drainage	*	(A)	(S)	S	S	S/HA	S
6.2 Percussion	*	(A)	(S)	S	TH	S/HA	S
6.3 Suctioning							
6.3.1 Pharyngeal	*	(A)	(S)	S	S	S/HA	X
6.3.2 Tracheostomy	*	(A)	(S)	S	S	S/HA	X
6.4 Tracheostomy Tube Replacement	*	(EM)	(EM)	EM	EM	EM	EM
6.5 Tracheostomy Care (Cleaning)	*	(A)	(S)	X	X	X	X

DEFINITION OF SYMBOLS

A Qualified to perform task, not in conflict with professional standards
S Qualified to perform task with RN supervision and inservice education
EM In emergencies, if properly trained, and if designated professional is not available
X Should not perform
N Nutritionist only
TH Occupational or physical therapist only
SP Speech/language Pathologist only
HA Health Aide only
(○) Person who should be designated to perform task

1 Related Services include N, TH, and SP.
2 Paraprofessionals include teacher aides, health aides, uncertified teaching personnel.
3 Others include secretaries, bus drivers, cafeteria workers, custodians.

*** DELINEATION OF RESPONSIBILITIES MUST ADHERE TO EACH STATE NURSE PRACTICE ACT.**

GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING *

PROCEDURE	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL[1]	PARA PROFESS-IONALS[2]	OTHERS[3]
7.0 SCREENINGS							
7.1 Growth		(A)	(S)	S	S	S	X
7.2 Vital Signs		(A)	(S)	X	X	S/HA	X
7.3 Hearing		(A)	(S)	X	(SP)	S/HA	X
7.4 Vision		(A)	(S)	X	X	S/HA	X
7.5 Scoliosis		(A)	(S)	S	TH	S/HA	X
8.0 SPECIMEN COLLECTING/TESTING							
8.1 Blood Glucose	*	(A)	(S)	X	X	S/HA	X
8.2 Urine Glucose	*	(A)	(S)	X	X	S/HA	X
9.0 OTHER HEALTH CARE PROCEDURES							
9.1 Seizure Procedures		A	A	A	A	A	A
9.2 Soaks	*	(A)	(S)	X	TH	S/HA	X
9.3 Dressings, Sterile	*	(A)	S	X	X	X	X

DEFINITION OF SYMBOLS

A Qualified to perform task, not in conflict with professional standards
S Qualified to perform task with RN supervision and inservice education
EM In emergencies, if properly trained, and if designated professional is not available
X Should not perform
N Nutritionist only
TH Occupational or physical therapist only
SP Speech/language Pathologist only
HA Health Aide only
(○) Person who should be designated to perform task

1 Related Services include N, TH, and SP.
2 Paraprofessionals include teacher aides, health aides, uncertified teaching personnel.
3 Others include secretaries, bus drivers, cafeteria workers, custodians.

*** DELINEATION OF RESPONSIBILITIES MUST ADHERE TO EACH STATE NURSE PRACTICE ACT.**

GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING *

PROCEDURE		PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL[1]	PARA PROFESS-IONALS[2]	OTHERS[3]
10.0 DEVELOPMENT OF PROTOCOLS								
10.1	Health Care Procedures		(A)	X	X	X	X	X
10.2	Emergency Protocols	*	(A)	(WITH PHYSICIAN CONSULTATION)				
10.3	Individual Education Plan Health Objectives		(A)	X	X	X	X	X
10.4	Nursing Care Plan		(A)	X	X	X	X	X

DEFINITION OF SYMBOLS

A Qualified to perform task, not in conflict with professional standards
S Qualified to perform task with RN supervision and inservice education
EM In emergencies, if properly trained, and if designated professional is not available
X Should not perform
N Nutritionist only
TH Occupational or physical therapist only
SP Speech/language Pathologist only
HA Health Aide only
○ Person who should be designated to perform task

1 Related Services include N, TH, and SP.
2 Paraprofessionals include teacher aides, health aides, uncertified teaching personnel.
3 Others include secretaries, bus drivers, cafeteria workers, custodians.

* DELINEATION OF RESPONSIBILITIES MUST ADHERE TO EACH STATE NURSE PRACTICE ACT.

Glossary

Certification	The process by which a state or organization authorized by a state government provides a credential to individuals.
Delegation	Nurses entrusting the performance of selected nursing tasks to competent persons who are not licensed nurses, in selected situations. The nurse retains the accountability for the total nursing care of the individual.
Educational setting	Any setting in which the student receives instruction, whether it be a school building, an institution, or the home.
Emergency	A serious situation that arises suddenly and threatens the life or welfare of a person; a crisis.
Free appropriate public education	Special education and related services provided at public expense, which meet state education agency standards and are consistent with the student's individualized education program.
Health aide (nurse's aide)	A person who is qualified to carry out basic, specialized health care procedures in the care of students under the supervision of a registered professional nurse.
Inservice education	Instructional programs that provide for continuing professional growth and development of all school-related personnel.
Least restrictive environment	Procedures to assure that, to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
Licensed practical nurse (LPN)	One who is licensed to administer care under the direction of a licensed physician or a registered nurse. May be a graduate of an accredited school for practical nursing or one who has practical experience only.

Licensure	Permission by a competent authority (usually a governmental agency) to an organization or individual to engage in a practice or activity, usually granted on the basis of education or examination.
Medications	Any over-the-counter or prescription drug.
Multidisciplinary team	Individuals representing family, education, health and administration who have assessed the student and/or will provide direct or indirect services to the student.
Nurse practice act	A statute enacted by the legislature of any state or by the appropriate officers of the districts or possessions. The act delineates the legal scope of the practice of nursing within the geographical boundaries of the jurisdiction.
Nursing care plan	Determines the course of action to be used by the nurse to meet the health needs of a student.
Preservice education	The academic and professional work completed by a person at a college or university before that person is certified as a teacher or other professional.
Qualified personnel	Personnel who have been trained in certain procedures to a level of competence and safety that meets the objectives of the training.
Registered nurse (RN)	A graduate nurse who is registered and legally licensed to practice by state authority. The professional nurse has responsibility for the care of individuals and groups through a colleague relationship with a physician, to function in making self-directed judgments, and to act independently in the practice of the profession.
Specialized health care needs	The medically related services, prescribed by the student's licensed physician, that are necessary during the school day to enable the student to attend school. These services require training for the individual who performs them.
Standard of practice	A standard established by custom or authority as a model, criterion, or rule for comparison or measurement.
Supervision	Provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity. The nurse provides initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. Total nursing care of an individual remains the responsibility and accountability of the nurse.

Resources and References for Professional Standards and Practices Related to Specialized Health Care Procedures in Educational Settings

Ahmann, E. (1986). *Home care for the high risk infant: A holistic guide to using technology.* Rockville, MD: Aspen.

Association for the Care of Children's Health. (1984). *Home care for children with serious handicapping conditions.* Washington, DC: Author.

Association for the Care of Children's Health. (1988). *From hospital to home care: An annotated bibliography.* Washington, DC: Author.

Batshaw, M. L., & Perret, Y. M. (1986). *Children with handicaps: A medical primer (2nd ed.).* Baltimore, MD: Paul H. Brookes.

Beckett, J. (1985). Fragile children: Katie. *Caring,* 4(5), 6-7, 95.

Bilotti, G. (1984). *Getting children home. Hospital to community.* Washington, DC: Georgetown Child Development Center.

Blackman, J. S. (Ed.). (1984). *Medical aspects of development disabilities in children birth to three.* Rockville, MD: Aspen.

Cabin, B. (1985). Cost effectiveness of pediatric home care. *Caring,* 4(5), 48-51.

California State Department of Education. (1980). *Guidelines and procedures for meeting the specialized physical health care needs of students.* Sacramento, CA: Author.

Committee on School Health, American Academy of Pediatrics. (1987). Qualification and utilization of nursing personnel delivering health services in schools. *Pediatrics,* [illegible]P(4), 647-648.

Council of Administrators of Special Education. (1987). *1987 CASE institutes: Medically related special education and related services.* Reston, VA: Council for Exceptional Children, Council of Administrators of Special Education.

Foundation for Hospice and Homecare. (1987). *The crisis of chronically ill children in America: Triumph of technology--Failure of public policy.* Washington, DC: Author.

Garell, D. C. (1988). *Preparing to care for children with special health care needs: A workbook for the practicing pediatrician and the community.* Washington, DC: Georgetown University Child Development Center.

Gittler, J. & Colton, M. (1987). *Alternatives to hospitalization for technology dependent children: Program models.* Iowa City, IA: National Maternal and Child Health Resource Center, University of Iowa.

Halamandaris, V. J. (1985). Pediatric home care [Special Issue]. *Caring,* 4(5).

Halsam, R. H., & Valletutti, P. J. (1985). *Medical problems in the classroom: The teacher's role in diagnosis and management (3rd ed.).* Austin, TX: Pro-Ed.

Hobbs, N., & Perrin, J. M. (Eds). (1985). *Issues in the care of children with chronic illness.* San Francisco, CA: Jossey-Bass.

Hobbs, N., Perrin, J. M., & Ireys, H. T. (1985). *Chronically ill children and their families: Problems, prospects, and proposals from the Vanderbilt study.* San Francisco, CA: Jossey-Bass.

Ireys, H. T. (1988). Description of the population. In H. M. Wallace, G. Ryan, & A. C. Oglesby (Eds.), *Maternal and child health practices (3rd ed.).* Oakland, CA: Third Party.

Johnson, P. M., Lubker, B. B., & Fowler, M. G. (1988). Teacher needs assessment for the educational management of children with chronic illnesses. *Journal of School Health,* 58(6), 232-235.

Kaufman, J., & Hardy-Ribakow, D. (1987). Home care: A model of a comprehensive approach for technology-assisted chronically ill children. *Journal of Pediatric Nursing,* 2, 244-249.

Kaufman, J., & Lichtenstein, K. (1987). *The family as care manager: Home care coordination for medically fragile children.* Washington, DC: Georgetown Child Development Center.

Koop, C. E. (1987). *Surgeon General's report: Children with special health care needs (DHHS Publication No. HRS/D/MC 87-2).* Rockville, MD: U.S. Department of Health and Human Services. (Address: Public Health Service, Health Resources and Services Administration, Bureau of Health Care Delivery Assistance, Division of Maternal and Child Health, Rockville, MD 20857).

Magrab, P. R. (1987). *The practicing pediatrician and family-centered, community-based health care for children with chronic illness and disabling conditions: A summary of conference proceedings.* Washington, DC: Georgetown Child Development Center.

Mulligan-Ault, M., Guess, D., Struth, L., & Thompson, B. (1988). The implementation of health-related procedures in classrooms for students with severe multiple impairments. *Journal of the Association for Persons with Severe Handicaps,* 13(2), 100-109.

Munoz, E., Chalfin, D., Goldstein, J., Lackner, R., Mulloy, K., & Wise, L. (1989). Health care financing policy for hospitalized pediatric patients. *American Journal,* 143, 312-315.

Nelkin, V. (1987). *Family-centered care for medically fragile children: Principles and practices.* Washington, DC: Georgetown University Child Development Center.

Palfrey, J. S., Sarro, L. J., Singer, J. D., & Wenger, M. (1987). Physician familiarity with the educational programs of the special needs patients. *Developmental and Behavioral Pediatrics,* 8(4), 198-202.

Palfrey, J. S., Singer, J. D., Walker D. K., & Butler, J. A. (1986). Health and special education: A study of new developments for handicapped children in five metropolitan communities. *Public Health Reports,* 101(4), 379-388.

Pearl, L., Welsch, M., & Brown, W. (1988). Training competencies for school health professionals working with handicapped children. *Journal of School Health,* 58(7), 298-300.

Powers, M. D. (Ed.). (1988). *Expanding systems of service delivery for persons with developmental disabilities.* Baltimore, MD: Paul Brookes.

Rosen, C. D., & Gerring, J. P. (1986). *Head trauma: Educational reintegration.* San Diego, CA: College Hill.

Sciarillo, W. G., Draper, S., Green, P., Burkett, K., & Demetrides, S. (1988). Children with specialized health needs in the special education setting: A statewide technical assistance approach. *Infants and Young Children,* 1(2), 74-84.

Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1987). *Family centered care for children with special health care needs.* Washington, DC: Association for the Care of Children's Health. (Address: 3615 Wisconsin Ave., NW, Washington, DC 20016. Phone: (202/244--1801).

Sirvis, B., Burke, M., Campbell, P., Levy, M., Osburn, S., Ovick, J., & Taylor, J. (1988). *Report of The Council for Exceptional Children's ad hoc committee on medically fragile students.* Reston, VA: The Council for Exceptional Children.

Smith, G. L., Davis, P. E., & Dennerll, J. T. (1988). *Medical terminology: A programmed text (5th ed.).* New York: John Wiley & Sons.

Taeusch, H. W., & Yogman, M. W. (Eds.). (1987). *Follow-up management of the high-risk infant.* Boston, MA: Little, Brown and Company.

Trost, C. (1988, June 13). Handicapped infants pose tough questions: Who provides the care? *The Wall Street Journal* (reprint).

U.S. Congress, Office of Technology Assessment. (1987). *Technology-dependent children: Hospital v. home care-A technical memorandum (OTA-TM-H-38).* Washington, DC: U.S. Government Printing Office.

Walker, D. K., & Jacobs, F. H. (1985). Public school programs for chronically ill children. In N. Hobbs & J. M. Perrin (eds.), *Issues in the care of children with chronic illness* (pp. 614-654). San Francisco, CA: Jossey-Bass.

Wallace, H. M., Ryan, G., & Oglesby, A. C. (Eds.). *Maternal and child health practices (3rd ed.).* Oakland, CA: Third Party.

Wood, S. P., Walker, D. K., & Gardner, J. (1986). School health practices for children with complex medical needs. *Journal of School Health,* 56(6), 215-217.